

**AMHERST HEALTH DEPARTMENT**

**70 BOLTWOOD WALK • AMHERST • MA • 01002**

**Office (413) 256-4077 Fax (413) 256-4053**

**Environmental Health (413) 256-4033**

[www.amherstma.gov](http://www.amherstma.gov)

**APPLICATION FOR LICENSE**

\_\_\_\_\_, 200\_\_

**ANNUAL FEE - \$150.00**

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto:

**REMOVAL OF OFFAL**

\_\_\_\_\_

\_\_\_\_\_  
(Full **name** and **address of person**, firm or corporation **making application**)

State clearly purpose for which license is requested\_\_\_\_\_

Give business location by street and number\_\_\_\_\_

in said Town of Amherst in accordance with the rules and regulations made under authority of the Statutes.

Business Phone Number\_\_\_\_\_ Home Phone Number \_\_\_\_\_

Federal I. D. Number\_\_\_\_\_ Social Security Number\_\_\_\_\_

Signature of Applicant\_\_\_\_\_

**Workers' Compensation Insurance Affidavit (M.G.L. c. 152 #25C (6))**

I, \_\_\_\_\_ do hereby certify that:

1. [ ☐ ] I am an employer providing the following workers compensation coverage for my employee(s)  
\_\_\_\_\_ (policy # / insurance company)

2. [ ☐ ] I am not required to have workers' compensation insurance under M.G.L. c. 152, Sect. 25 ( c ) (6)

**\*Any applicant that checks #1 above must also fill out the Worker's Compensation Affidavit.**

\_\_\_\_\_

**Please Note The Following Late Fees Will Be Enforced**

**First 30 Days Overdue \$50.00..... 60 Days & Each Month Thereafter \$100.**

Return to: Environmental Health Services  
Bangs Community Center, 2<sup>nd</sup> Fl  
70 Boltwood Walk  
Amherst, MA 01002

Make Check Payable to: **Town of Amherst**